

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2010

Mailing Address 5915 EASTMAN AVENUE

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
CONTRIBUTIONCandidate Name
DAVID LEE CAMPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.9765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DAVID VITTER FOR U.S. SENATE

Mailing Address P.O. BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement
CONTRIBUTIONCandidate Name
DAVID VITTERCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.9744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement
CONTRIBUTIONCandidate Name
LOIS G. CAPPSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.9749

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)